8879 **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| | se's PIN: check one box only | | | | |
|---|---|---|--|--|---|
| Your | signature ▶ Date ▶ | | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended) I am now if you are entering your own PIN and your return is filed using the Practitioner PIN method below. | | | | |
| _ | signature on the income tax return (original or amended) I am now authorizing. | او تو ت | | | |
| 2 | I authorize GLOBAL TAXES LLC to enter or generate m ERO firm name | y PIN | | digits, but er all zeros | s my |
| | ayer's PIN: check one box only | DIN | 8 0 3 | 3 8 4 | |
| | onic Funds Withdrawal Consent. | | | | |
| 4 5 Par Under my kr return to sen for an Agent payme author | Amount you want refunded to you | eep a c am now are the er, or eletion of th. Treasurated in the | authorizin amounts from transmisery and its one tax prepthe entry prization. | g, and to the befrom the income turn originator ssion, (b) the redesignated Fin paration softwato this account for revoke (can | pest of me tax (ERO) reason ancial are for t. This ncel) a |
| 2 | Total tax | | . 2 | 3,8 | 81. |
| 1 | Adjusted gross income | | . 1 | 48,0 | 00. |
| | whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | |
| Par | | /ear yo | u are au | tnorizing.) | |
| Dov | Toy Deturn Information Toy Very Ending December 24 | | 0.00 0.11 | thorizina \ | |
| Spouse | e's name | Spouse's | social seci | urity number | |
| | YANI RANGARAJU | | 28-038 | | |
| | ver's name | | - | | |
| | | | curity numb | | |

Department of the Treasury-Internal Revenue Service U.S. Nonresident Alien Income Tax Return 2023 OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

| For the year Jan. 1-Dec. 31, 2023, or other tax year beginn | | | nning, 2023, ending, 20 | | | | | See separate instructions. |
|---|--------|--|---|---|--|--|----------------|-----------------------------|
| Your first name and middle initial | | | | ame | | our identifying number see instructions) | | |
| KALYANI | | | RANG | ARAJU | 790-28-0384 | | | |
| Home address (| (numb | per and street). If you have a P.O. box | , see ins | tructions. | | | | Apt. no. |
| 750 MICHI | GAN | AVE | | | | | | |
| City, town, or po | ost of | fice. If you have a foreign address, als | so comp | lete spaces below. | | State | Z | IP code |
| WASHINGTO | N | | | | | PA | 1 | .5301 |
| Foreign country | nam | Э | Foreigr | n province/state/county | | Foreign p | ostal code |) |
| | | | | | | | | |
| Filing Status | 1 | Single | | · · · | ng surviving spouse (| | ☐ Esta | te Trust |
| Check only one box. | | | | | | | | |
| Digital Assets | At a | ny time during 2023, did you: (a) recei rwise dispose of a digital asset (or a fi | ve (as a inancial | reward, award, or payminterest in a digital asset | ent for property or se)? (See instructions.) | ervices); or | | change, or Yes No |
| Dependents | | | | | | (4) Che | eck the box if | qualifies for (see inst.): |
| (see instructions): | | (1) First name Last name | | (2) Dependent's identifying number | (3) Relationship to yo | Chile | d tax credit | Credit for other dependents |
| | | Last name | identifying number | | (S) Holadonship to ye | - | | |
| If more than four | | | | | | | \vdash | |
| dependents, see | | | | | | | | |
| instructions and check here | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, box | 1 (see i | nstructions) | | | . 1a | 48,000. |
| Effectively | b | Household employee wages not rep | • | • | | | | 10,000. |
| Connected | C | · · · · · · · · · · · · · · · · · · · | | | | | | |
| With U.S. | | | | | | | | |
| Trade or | е | Taxable dependent care benefits fro | | | | | . 1d . 1e | |
| Business | f | Employer-provided adoption benefit | | | | | 1f | |
| Duomicoo | g | Wages from Form 8919, line 6 | . 1g | | | | | |
| Attach | h | Other earned income (see instruction | | | | | | |
| Form(s) W-2, 1042-S, | i | Reserved for future use | | | | | | |
| SSA-1042-S, | j | Reserved for future use | | | | | . 1j | |
| RRB-1042-S, and 8288-A | k | Total income exempt by a treaty from | n Sched | ule OI (Form 1040-NR), i | tem L, | | | |
| here. Also | | line 1(e) | | | 1k | | | |
| attach | z | Add lines 1a through 1h | ; . | | | | . 1z | 48,000. |
| Form(s) 1099-R if | 2a | Tax-exempt interest 2a | ı | b Tax | able interest | | . 2b | |
| tax was | 3a | | | | | | | |
| withheld. | 4a | IRA distributions 4a | | | able amount | | | |
| If you did not get a Form | 5a | Pensions and annuities 5a | | | able amount | | | |
| W-2, see | 6 | Reserved for future use | _ | | | | | |
| instructions. | 7 | Capital gain or (loss). Attach Schedu | • | | • | | | |
| | 8 | Additional income from Schedule 1 (| | 40.000 | | | | |
| | 9 | Add lines 1z, 2b, 3b, 4b, 5b, 7, and 8 | | • | | | | 48,000. |
| | 10 | Adjustments to income from Schedincome | | | | | . 10 | |
| | 11 | Subtract line 10 from line 9. This is y | | = | | | | 48,000. |
| | 12 | | ed deductions (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard tion (see instructions) | | | | | |
| | 13a | Qualified business income deduction | from F | orm 8995 or Form 8995- | A . 13a | | | |
| | b | Exemptions for estates and trusts or | nly (see i | nstructions) | 13b | | | |
| | С | Add lines 13a and 13b | | | | | . 13c | |
| | 14 | | | | | | | 13,850. |
| | 15 | Subtract line 14 from line 11. If zero | or less, | enter -0 This is your ta : | xable income . | | . 15 | 34 , 150. |

Form 1040-NR (2023) Page **2**

| Tax and | 16 | Tax (see instructions). Check if any f | rom For | m(s): 1 | 314 2 [| 4972 | 2 3 [| | | 16 | 3,881. |
|-------------------|---|---|-----------------|-------------------|----------------|----------|------------------|--------------------|----------|-----------------|---------------------|
| Credits | 17 | | | | | | | | | | 0. |
| | 18 | Add lines 16 and 17 | 18 | 3,881. | | | | | | | |
| | 19 | Child tax credit or credit for other of | 19 | | | | | | | | |
| | 20 | Amount from Schedule 3 (Form 10- | 20 | | | | | | | | |
| | 21 | Add lines 19 and 20 | 21 | | | | | | | | |
| | 22 | Subtract line 21 from line 18. If zero | or less | s, enter -0 | | | | | | 22 | 3,881. |
| | 23a | Tax on income not effectively conn- Schedule NEC (Form 1040-NR), line | | rith a U.S. trade | | | 23a | | | | |
| | b | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 21 | | | | | | | | | |
| | С | Transportation tax (see instructions) | | | | | | | | | |
| | d | d Add lines 23a through 23c | | | | | | | | 23d | |
| | 24 | Add lines 22 and 23d. This is your | total ta | x | | | | | | 24 | 3,881. |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | | |
| • | а | Form(s) W-2 | | | | | 25a | 4 | 1,607. | | |
| | b | Form(s) 1099 | | | | | | | | | |
| | С | Other forms (see instructions) . | | | | | 25c | | | | |
| | d | Add lines 25a through 25c | | | | | | | | 25d | 4,607. |
| | е | Form(s) 8805 | | | | | | | | 25e | |
| | f | Form(s) 8288-A | | | | | | | | 25f | |
| | g | Form(s) 1042-S | | | | | | | | 25g | |
| | 26 | 2023 estimated tax payments and | amount | applied from 20 |)22 return . | | | | | 26 | |
| | 27 | Reserved for future use | | | | | | | | | |
| | 28 | Additional child tax credit from Schedule 8812 (Form 1040) | | | | | | | | | |
| | 29 | Credit for amount paid with Form 1040-C | | | | | | | | | |
| | 30 | Reserved for future use | | | | | | | | | |
| | 31 | Amount from Schedule 3 (Form 1040), line 15 | | | | | | | | | |
| | 32 | Add lines 28, 29, and 31. These are | 32 | | | | | | | | |
| | 33 Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your total payments | | | | | | | | | | 4,607. |
| Refund | 34 | If line 33 is more than line 24, subtr | act line | 24 from line 33. | This is the | amoun | t you ove | rpaid | | 34 | 726. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here | | | | | | | | | 35a | 726. |
| Direct deposit? | | | | | | | | | | | |
| See instructions. | d | | | | | | | | | | |
| | е | If you want your refund check mail | ed to ar | n address outsic | de the Unite | ed State | s not sho | wn on | page 1, | | |
| | | enter it here. | | | | | | | | | |
| | 36 | Amount of line 34 you want applied | d to you | ur 2024 estimat | ed tax . | | 36 | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is | s the ar | nount you owe | | | | | | | |
| You Owe | | For details on how to pay, go to wi | vw.irs.g | ov/Payments or | see instruc | tions . | | | | 37 | |
| | 38 | Estimated tax penalty (see instruction | ions) . | | | | 38 | | | | |
| Third | Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Compl | | | | | | | | lete bel | ow. 🗵 No | |
| Party Designee | | | | | | | ication | | | | |
| | | penalties of perjury, I declare that I have they are true, correct, and complete. Dec | | | | | | | | | |
| Sign | Your signature Date Your oc | | | | Your occu | pation | | | l l | | ent you an Identity |
| Here | JAVA FULL STACK DEVELOPER (see | | | | | | ection inst.) | PIN, enter it here | | | |
| | Phone | | | Email address | | | | | | | |
| Paid | Prepa | rer's name | reparer' | 's signature | | | Date | | PTIN | | Check if: |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA SYAM | | | PRIYA RAM : | SAGAR G | UPTA | 04/11/ | 2024 | P02082 | 2703 | Self-employed |
| Use Only | I Firm's name of ODAT maybe it o | | | | | | | | 0. (6 | 78) 965-9522 | |
| USC UIIIY | Eirm' | address OAF BOOKER OF | _ D | STATOLIT OIL AT | T 00010 | | | | Eirm'o E | INI O | 1 2171065 |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Department of the Treasury Internal Revenue Service

Attach to Form 1040-NR. Go to www.irs.gov/Form1040NR for instructions and the latest information. Attachment Sequence No. **7B**

OMB No. 1545-0074

Name shown on Form 1040-NR Your identifying number 790-28-0384 KALYANI RANGARAJU Enter amount of income under the appropriate rate of tax. See instructions.

| N. J. Cl. | | | | | | | (d) Other (specify) | | | |
|---------------------------------|--|---|------------------------------|----------|-----------------------------|-------------------------|-------------------------|--|--|--|
| | Nature of Income | | | | (a) 10% | (b) 15% | (c) 30% | % | % | |
| 1 | Dividends and dividend equivaler | nts: | | | | | | | | |
| а | Dividends paid by U.S. corporation | ons | | 1a | | | | | | |
| b | Dividends paid by foreign corpora | ations | | 1b | | | | | | |
| С | Dividend equivalent payments rece | eived with respect to section 871(m) tra | ınsactions | 1c | | | | | | |
| 2 | Interest: | | | | | | | | | |
| а | Mortgage | | | 2a | | | | | | |
| b | Paid by foreign corporations | | | | | | | | | |
| С | | | | | | | | | | |
| 3 | Industrial royalties (patents, trade | emarks, etc.) | [| 3 | | | | | | |
| 4 | Motion picture or TV copyright ro | yalties | [| 4 | | | | | | |
| 5 | Other royalties (copyrights, record | ding, publishing, etc.) | [| 5 | | | | | | |
| 6 | Real property income and natura | I resources royalties | [| 6 | | | | | | |
| 7 | Pensions and annuities | | [| 7 | | | | | | |
| 8 | | | | 8 | | | | | | |
| 9 | Capital gain from line 18 below | | [| 9 | | | | | | |
| 10 | | | | | | | | | | |
| а | Winnings | | | | | | | | | |
| b | | | | 10c | | | | | | |
| 11 | Gambling—Residents of countrie | es other than Canada. es aren't allowed | | 11 | | | | | | |
| 12 | | | | | | | | | | |
| | | | | 12 | | | | | | |
| 13 | | ins (a) through (d) | | 13 | | | | | | |
| 14 | | t top of each column | - | 14 | | | | | | |
| 15 | | nnected with a U.S. trade or business | | ns (a) t | hrough (d) of line 14 | 4. Enter the total here | e and on Form 1040- | -NR, line 23a 15 | | |
| | - | Capital Gains and | | | | | | • | | |
| losses f exchan- within t | rom property sales or ges that are from sources he United States and not | Kind of property and description necessary, attach statement of criptive details not shown below) | (b) Date acquired mm/dd/yyyy | | (c) Date sold mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS If (e) is more than (d), subtract (d) from (e). | (g) GAIN If (d) is more than (e), subtract (e) from (d). | |
| | ely connected with a U.S. ss. Do not include a gain | | | | | | | | | |
| or loss | on disposing of a U.S. real | | | | | | | | | |
| | nd losses on Schedule D | | | | | | | | | |
| • | property sales or | | | | | | | | | |
| exchan | ges that are effectively | 1 (0 1() (1) | | | | | 1 | | | |
| on Sche | | | | | | | | | | |
| Form 4 | 797, or both. 18 Capita | al gain. Combine columns (f) and (g |)) of line 17. | ∟nte | r the net gain here | e and on line 9 ab | ove. It a loss, ente | r -0 18 | | |

SCHEDULE OI (Form 1040-NR)

Other Information

Attach to Form 1040-NR.

OMB No. 1545-0074

Your identifying number

Department of the Treasury Internal Revenue Service

Name shown on Form 1040-NR

Go to www.irs.gov/Form1040NR for instructions and the latest information. Answer all questions.

Attachment Sequence No. **7C**

| KA | LY | ANI RANGARAJU | | | | 7 | 90-28-03 | 384 | | | |
|----|---|---|-------------------------------|--|----------------|--------------------|----------------|--------------|--------------|--|--|
| Α | | Of what country or countries were you a citizen or national during the tax year? INDIA | | | | | | | | | |
| В | | In what country did you claim residence for tax purposes during the tax year? United States | | | | | | | | | |
| С | | Have you ever applied to be a green card holder (lawful permanent resident) of the United States? | | | | | | | | | |
| D | | Were you ever: | | | | | | | | | |
| | 1. | A U.S. citizen? | | | | | | ☐ Yes | ⊠ No | | |
| | 2. | A green card holder (lawful per | | | | ⊠ No | | | | | |
| | | If you answer "Yes" to (1) or (2 | | | | | | | | | |
| Ε | If you had a visa on the last day of the tax year, enter your visa type. If you didn't have a visa, enter your U.S. | | | | | | | | | | |
| | immigration status on the last day of the tax year. F1 | | | | | | | | | | |
| F | | Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? | | | | | | | | | |
| | | If you answered "Yes," indicate | | | | | | | | | |
| G | | List all dates you entered and | left the United States during | | | | | | | | |
| | | Note: If you're a resident of C | | | | | t intervals, | | | | |
| | | check the box for Canada or | Mexico and skip to item H | <u> I. </u> | | ☐ Canada | Mexico | | | | |
| | | Date entered United States | Date departed United State | es | | d United States | Date depa | arted United | d States | | |
| | | mm/dd/yy | mm/dd/yy | | mm | n/dd/yy | r | nm/dd/yy | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Н | | Give number of days (including | | | • | | - | | | | |
| | | 2021 | , 2022 | , ar | d 2023 | 365 | | | | | |
| I | | Did you file a U.S. income tax | | | | | | X Yes | ☐ No | | |
| | | If "Yes," give the latest year an | nd form number you filed: | | 1040NR | | | | | | |
| J | | Are you filing a return for a trus | st? | | | | | ☐ Yes | ⊠ No | | |
| | | If "Yes," did the trust have a U | | | | | | | | | |
| | | U.S. person, or receive a contr | ribution from a U.S. person | ? | | | | ☐ Yes | ☐ No | | |
| K | | Did you receive total compens | | | | | | | ⊠ No | | |
| | | If "Yes," did you use an alterna | | | - | | | | ☐ No | | |
| L | | Income Exempt From Tax-If | | | | U.S. income tax | treaty with | a foreign | country, | | |
| | | complete (1) through (3) below | | | | | | | | | |
| | 1. | Enter the name of the country, | | | | | aimed the tre | eaty benefi | t, and the | | |
| | | amount of exempt income in th | 1 | - | | | 1 | | | | |
| | | (a) Cou | ntry | (b) Tax treaty ar | 1 | mber of months | (d) Am | • | | | |
| | | | | | Claimed | in prior tax years | income i | n current ta | x year | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | (e) Total. Enter this amount or | n Form 10/0_NP line 14 D | o not enter it en | where also an | line 1 | | | | | |
| | 2. | Were you subject to tax in a fo | | - | | | | Yes | □No | | |
| | | Are you claiming treaty benefit | • | | , , | | | | □ No ⊠ No | | |
| | J. | If "Yes," attach a copy of the C | | • | | | | 169 | Z INU | | |
| м | | Check the applicable box if: | ompetent Authority determ | mation letter to | oui iciuiii. | | | | | | |
| | 1 | This is the first year you are ma | aking an election to treat in | come from real n | ronerty locate | ed in the United | States as ef | fectively o | nnected | | |
| | •• | with a U.S. trade or business u | | | | | | | | | |
| | 2. | You have made an election in | | | | | | | _ | | |
| | | States as effectively connected | | | | | | | | | |

BAA